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URBAN DISTRICT OF WOMBWELL



ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH and CHIEF SANITARY INSPECTOR FOR THE YEAR 1954.

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URBAN DISTRICT OF
WOMBWELL



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MEDICAL OFFICER OF HEALTH
and
CHIEF SANITARY INSPECTOR
FOR THE YEAR 1954.



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PUBLIC HEALTH COMMITTEE.

Chairman of the Council : Councillor T. S. Pickering, J.P.

Chairman : County Alderman J. W. Mellor, J.P.

Councillors : Mrs. E. Mellor and Messrs. Councillors T. Bird, B.E.M., J. A. Hall, C.B.E., J.P., J. Kitchin, J. Rose and E. Wainwright.

PUBLIC HEALTH STAFF.

Medical Officer of Health :

R. S. Hynd, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health :

R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Wombwell Welfare Clinic :

L. Taylor, M.R.C.S., L.R.C.P.

Medical Officer of Jump Welfare Clinic :

J. H. Fairclough, M.B., Ch.B.

Medical Officers of Wombwell Ante-Natal Clinic :

W. G. S. Maxwell, M.B., B. Ch., B.A.O.

J. M. Dickinson, M.B., Ch.B.

Chief Sanitary Inspector :

J. Finney, Cert. S.I.B., M.S.I.A., M.R.S.I.

(Certificated Inspector of Meat and Other Foods).

Additional Sanitary Inspector :

J. Turner, Cert. S.I.B., M.S.I.A.

Senior Health Visitor :

E. Barlow, S.R.N., S.C.M., H.V. Cert.

(Resigned November, 1954).

Health Visitors:

F. H. Whittlestone, S.R.N., S.C.M., H.V. Cert.

L. Chapman, S.R.N., S.C.M., H.V. Cert.

B. Hunter, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Health Visitor :

M. Mellor, S.R.N.

Senior Clerk, Divisional Health Office :

L. S. Wrigg.

WOMBWELL URBAN DISTRICT COUNCIL.

Divisional Health Office,

6, Victoria Road,

BARNSELEY.

September, 1955.

ANNUAL REPORT

for the Year ended 31st December, 1954.

To the Chairman and Members of the

Wombwell Urban District Council.

Mr. Chairman, Councillor Mrs. Mellor and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1954. The report has the same general outline as those for previous years and again includes a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics were in general satisfactory and on the whole better than those for 1953. Particularly encouraging was the continued fall in the infant mortality and stillbirth rates. The infectious diseases had a greatly reduced incidence due in the main to the absence of an epidemic of Measles last year. Both the incidence and mortality from Tuberculosis showed a further welcome decline though the rates remain unfavourable as compared with those for the country as a whole. The extension of the B.C.G. Vaccination Scheme which was planned last year should help considerably in hastening the decline in the incidence of Tuberculosis.

I would like to take this opportunity to thank the Chairman and Members of the Public Health Committee for the courtesy and many kindnesses they have shown, the Chief Sanitary Inspector for his help and co-operation and the staff of the divisional health office for their loyal support.

I am,

Your obedient servant,

R. S. HYND,

Medical Officer of Health.

URBAN DISTRICT OF WOMBWELL.

Statistics and Social Conditions :

Area	3,850 acres
Population Census 1951	18,837
Registrar General's estimate of population mid 1954	18,780
No. of inhabited houses according to rate book	5,670
Rateable Value	£75,215
Nett Product of a Penny Rate	£287

The soil of the district consists of marl and clay with a sandy sub-soil resting on the shales and sandstones of the coal measures. The surface is undulating and the average height above sea level is 200 feet. The chief occupations of the population are coal-mining, textile manufacturing, the manufacture of by-products from coal, engineering and printing. Coal-mining is by far the largest source of employment.

VITAL STATISTICS.

Births.

The number of births registered during the year was 321, a decrease of 21 compared with 1953. There were 8 illegitimate births or 2.5% of the total births registered.

The Registrar General supplied a comparability factor for the births in 1954 which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole. The adjusted birth rate for the district was 17.1 per 1,000 estimated population as compared with 18.5 per 1,000 estimated population for the previous year and with 15.2 per 1,000 estimated population for England and Wales.

The excess of births over deaths or the natural increase of population was 140 as compared with 145 in 1953.

Stillbirths.

There were 5 stillbirths last year, one less than in 1953. The stillbirth rate was 15.3 per 1,000 total live and stillbirths as compared with 17.2 for 1953 and with 23.4 for England and Wales.

BIRTH RATE.

Year	BIRTHS			Rate per 1,000 Population		
	Males	Females	Total	Wombwell Adjusted	Crude	England & Wales
1950	180	186	366	20.1	19.5	15.8
1951	169	175	344	18.7	18.3	15.5
1952	202	169	371	20.1	19.7	15.3
1953	177	165	342	18.6	18.2	15.5
1954	162	159	321	17.1	17.1	15.2

BIRTHS IN THE WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1950	50	147	50	45	74	366
1951	44	158	30	46	66	344
1952	47	151	49	53	71	371
1953	33	128	49	32	100	342
1954	39	101	67	30	84	321

STILL BIRTHS.

Year	Still Births	Total Births Live and Still	Percentage of Still Births to Total Births
1950	10	376	2.65
1951	11	355	3.09
1952	6	377	1.59
1953	6	348	1.72
1954	5	326	1.53

Deaths.

The total number of deaths last year, including deaths of residents dying outside the district but excluding non-residents who died in the district was 181, comprised of 101 males and 80 females. The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 11.4 per 1,000 estimated population as compared with 12.4 per 1,000 estimated population for the previous year and with 11.3 per 1,000 estimated population for England and Wales.

Causes of Death.

The principal causes of death in order of numerical importance were : heart and circulatory diseases ; cancer ; respiratory diseases.

There were 18 enquiries held by the Coroner in Wombwell last year. The causes of death as revealed by the inquests were : Misadventure 8 ; heart and circulatory diseases 6 ; silicosis 2 ; cancer 1 ; coal gas poisoning 1.

Post-mortem examinations were made in 41 instances.

Infant Mortality.

The infant mortality rate last year was 21.8 per 1,000 live births as compared with 29.2 per 1,000 live births in 1953 and with 25.5 per 1,000 live births for England and Wales. The continued fall in the infant mortality rate is most encouraging and particularly as it was accompanied by a fall in the still-birth rate. Both rates were lower than those for England and Wales.

In a previous annual report I wrote about the peculiar susceptibility of infants to all forms of infection and the need to take every precaution to guard young babies against infection. Unfortunately four of the seven babies who died last year died from one form or other of infection and particularly tragic, in view of our immunisation scheme, were the two deaths from Whooping Cough. It must be said that the younger infant was too young to have been immunised before she contracted her fatal illness.

For many years infant mortality statistics have been divided into deaths occurring within the first month of life and those occurring after that period. The reason for the division is that so often the causes of death in the two groups are entirely different with the majority of deaths in the first group being due to congenital causes and causes more related to the pre-natal period and the actual period of birth. The earlier neo-natal deaths are equally related to the stillbirths for the cause of death are often the same with only a small difference in time and degree to distinguish them from each other. With this in view the Registrar-General has suggested a new concept of peri-natal mortality to connote a combination of stillbirths with deaths occurring during the whole or part of the neo-natal period but no standard definition has yet been adopted. Probably the most useful combination will prove to be stillbirths plus deaths within the first week. Such a concept outlines more clearly the problems connected with stillbirths and infant mortality for if the experience of the last two decades is examined it is evident that the peri-natal mortality (stillbirths and deaths under one week) has declined much more slowly than the infant mortality after the first

week of life. The reason is clear, the deaths which can be prevented have to a large extent been prevented and the opportunity for prevention occurs with much greater frequency in those infants who survive the first week of life. There has been some improvement in the peri-natal mortality but a great deal more research and knowledge will be required before more progress can be made.

Maternal Mortality.

I am glad to report that no death due to maternal causes occurred last year.

DEATH RATES.

Year	No. of Deaths	Male	Female	Rate per 1,000 population		
				Wombwell Crude	Adjusted	England and Wales
1950	187	105	82	10.0	11.8	11.6
1951	222	127	101	12.14	14.3	12.5
1952	211	116	95	11.2	13.2	11.3
1953	197	112	85	10.5	12.4	11.4
1954	181	101	80	9.6	11.4	11.3

DEATHS IN WARDS.

Year	S.E.	S.W.	C.	N.	H.	Total
1950	18	76	30	24	39	187
1951	27	80	34	38	49	228
1952	23	82	38	28	40	211
1953	23	84	38	18	18	197
1954	22	72	35	20	32	181

DEATHS IN AGE GROUPS.

	Males	Females	Total
Under 1 year	5	2	7
1— 5 years	1	1	2
5—10 years	—	—	—
10—15 years	—	—	—
15—20 years	—	1	1
20—25 years	—	—	—
25—35 years	2	3	5
35—45 years	4	3	7
45—55 years	10	5	15
55—65 years	15	6	21
65—70 years	8	11	19
70—75 years	20	16	36
75—80 years	14	14	28
80—85 years	15	11	26
85—90 years	6	6	12
90 years and over	1	1	2
TOTALS	101	80	181

INFANT MORTALITY.

Cause of Death	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity	2	—	—	—	2	—	—	—	—	2
Congenital Abnormality	—	—	—	—	—	1	—	—	—	1
Enteritis	—	—	—	—	—	1	—	—	—	1
Broncho-pneumonia	—	—	—	—	—	—	1	—	—	1
Whooping Cough	—	—	—	—	—	1	—	1	—	2
TOTALS	2	—	—	—	2	3	1	1	—	7

CAUSES OF DEATH IN 1954.

Causes of Death	Male	Female	Total
1. Tuberculosis, Respiratory	4	1	5
2. Tuberculosis, other	—	—	—
3. Syphilitic Disease	1	—	1
4. Diphtheria	—	—	—
5. Whooping Cough	—	2	2
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	—	—
10. Malignant neoplasm, stomach	3	4	7
11. Malignant neoplasm, lung, bronchus	2	—	2
12. Malignant neoplasm, breast	—	4	4
13. Malignant neoplasm, uterus	—	1	1
14. Other malignant and lymphatic neoplasms	11	2	13
15. Leukaemia, aleukaemia	—	2	2
16. Diabetes	1	3	4
17. Vascular lesions of nervous system	8	13	21
18. Coronary disease, angina	15	7	22
19. Hypertension with heart disease	2	1	3
20. Other heart disease	10	16	26
21. Other circulatory disease	4	8	12
22. Influenza	—	—	—
23. Pneumonia	2	2	4
24. Bronchitis	8	2	10
25. Other diseases of respiratory system	2	2	4
26. Ulcer of stomach and duodenum	3	—	3
27. Gastritis, enteritis and diarrhoea	1	—	1
28. Nephritis and nephrosis	—	1	1
29. Hyperplasia of prostate	2	—	2
30. Pregnancy, childbirth, abortion	—	—	—
31. Congenital malformations	2	—	2
32. Other defined and ill-defined diseases	12	7	19
33. Motor vehicle accidents	1	—	1
34. All other Accidents	5	2	7
35. Suicide	2	—	2
36. Homicide and operations of war	—	—	—
All causes	101	80	181

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1954.
Based on the Registrar General's Figures.

	Womb- well Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Prov'nal figures)
Birth Rate per 1,000 estimated population :				
Crude	17.1	14.7	15.1	15.2
Adjusted	17.1	14.8	15.3	
Death Rate per 1,000 estimated population :				
Crude	9.6	12.7	11.9	11.3
Adjusted	11.4	12.8	12.5	
Infective and Parasitic Diseases excluding Tuber- culosis but including Venereal Diseases	0.16	0.07	0.08	not available
Tuberculosis :				
Respiratory	0.27	0.18	0.16	0.16
Other	—	0.01	0.02	0.02
All forms	0.27	0.19	0.18	0.18
Cancer	1.54	2.12	2.01	2.04
Vascular lesions of the nervous system	1.12	2.03	1.84	not available
Heart and circulatory diseases	3.35	4.88	4.54	not available
Respiratory diseases	0.96	1.27	1.22	not available
Maternal Mortality	—	0.80	0.89	0.69
Infant Mortality	21.8	28.3	28.0	25.5
Neo-natal Mortality	6.4	18.6	18.3	17.7
Stillbirths	15.3	26.6	25.9	23.4

General Provision of Health Services in the Area.

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation was readily found last year for those applicants who were ambulant and who could climb stairs without major difficulty. Importantly, the accommodation was provided as near to the applicant's old home as possible to allow him to visit friends easily, and maintain his former social contacts. The provision of ground floor accommodation for those, who in my last annual report I described as "border-line cases", remained difficult at times and during the winter months there was a

waiting list of applicants. The waiting list might have been longer but for additional accommodation, of the small hostel type, being provided last year. All the old institutional accommodation has been modernised and the interiors of these buildings now have none of the somewhat forbidding austerity they possessed in former years.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

My comments on the hospital service provided for the division will be brief, for my position in this matter is that of an interested observer rather than one with direct responsibility for hospital management. No comment is necessary on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases for there can be little quarrel with the existing high standard of service. Hospital accommodation for tuberculosis has greatly improved in recent years, no doubt due in a large measure to the success of the newer forms of treatment. Accommodation for the chronic sick was very variable and appeared to be inadequate in the winter months, when the greatest demand for beds always occurs. It is indeed very difficult to satisfy the hospital needs of the chronic sick for the very chronicity of the illnesses and the age of the patients inevitably makes for a long hospital stay, and the discharge from hospital is far more dependant on the home circumstances of the patient than it is with the acute sick. The speedier discharge home of the chronic sick was aided appreciably last year by the excellent home nursing service in the division about which I have more to say later.

The mental hospital accommodation remained difficult, particularly for those suffering from senile dementia when long admission delays were common. Admission of voluntary patients was made easier with the establishment and greater use by general practitioners of the consultant psychiatric clinic at the Beckett Hospital. The institutional accommodation for mental defectives remained, I understand, very difficult throughout the year in the region as a whole but vacancies were found for some patients in the division and much needed relief was obtained. The Occupation Centre in Barnsley was used to the maximum, but the waiting list of children in the division requiring such training grew, and I regret that no real progress was made with the conversion of the old divisional offices at The Gables, Wombwell, into an Occupation Centre. As will be seen in the section of the

Report on Mental Health, which follows, there are 28 children and 12 adults who are considered fit for Occupational Centre training, and who still await vacancies. It is true that the plans for the conversion of part of the accommodation at The Gables into an Occupation Centre have been prepared and approved by the County Council, what is now required is speedier action in the translation of plans into something more solid and tangible. The provision of institutional accommodation and accommodation in occupation centres have a direct relationship and the provision of the latter will to a material extent obviate the need for the former.

General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below :—

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham,

Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals :—

- St. Helen Hospital, Barnsley.
- Montagu Hospital, Mexborough.
- Hallamshire Maternity Home, Chapeltown.
- Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

Two whole-time Tuberculosis Health Visitors were engaged last year and in consequence the liaison arrangements with the Chest Centre were greatly strengthened. The preventive work in the field and the clinical work in the Chest Centre were more closely interwoven and the fortunes

of the patient and the follow-up of the contacts could be more completely supervised. The percentage of contacts accepting examination was higher which materially helped in the search for the sources of infection. After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance and bed, bedding and other equipment was issued on loan to patients where necessary. Home Helps were also provided when required.

The programme of the clinics held at the Chest Centre, 46, Church Street, Barnsley, is given below :—

Tuesday	10-0 a.m. to 12-0 noon (children)
Wednesday	10-0 a.m. to 12-0 noon.
Wednesday	2-0 p.m. to 4-0 p.m.
Thursday	10-0 a.m. to 12-0 noon.
Friday	10-0 a.m. to 12-0 noon.

Venereal Diseases.

The nearest centre for Wombwell patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road,
BARNSELY.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

The calls on the ambulance service tended last year to become more stabilised though there was again a slight increase in the Out-Patient traffic. Nearly 400,000 patients were carried and about $2\frac{3}{4}$ million miles were covered last year which gives one some idea of the magnitude of the service provided.

The further slight increase in the Out-Patient traffic was largely due to an increase in physio-therapy as new or larger departments were established and the greater number of transfers between hospitals and convalescent homes as more of the latter were provided.

The stretcher cases and discharges from hospital remained relatively constant, but there was a slight increase in the admissions because of a quicker bed-turn-over. The latter was helped both by the additional convalescent home accommodation, which was provided, and by the efficiency and sufficiency of the Home Nursing Service and in the after-care of the discharged patient. It is to be regretted that once again, with the increase in the road traffic, the accident rate for 1954 was increased. Headway in ambulance depot construction, a material factor in improving the ambulance service organisation, was made last year and one new depot, which affected the service in the division, was erected at Wath-upon-Dearne. A further new depot is planned for this year at Platts Common to replace the one in Hoyland.

Home Nursing.

The total visits made by the Home Nurses in the division last year was 57,530, a really remarkable figure when compared with that which applied before the County Home Nursing Service was established in 1948. While we do not judge the service solely on its statistical record, for quality of work as well as quantity is important, yet a detailed study of last year's record is interesting if only for the light the figures throw on the many aspects of home nursing. It is worth noting, for instance, that 56% of the visits were made among the aged and infirm. Much attention in past years has been focussed on old people and on the problems of old age, and I think the amount of attention which has rightly come to be given to old people is reflected by the high proportion of the total home nursing visits they received. Again, the benefit to the hospitals of a good home nursing service is clearly illustrated by the figures last year. Over 10,500 visits were made to so-called surgical patients, the vast majority of whom were recent discharges from hospital after an operation. It is reasonable, I think, to accept that the home nursing service was instrumental last year in saving hospital bed accommodation by both obviating the necessity for admission to hospital and expediting discharge. The family doctors certainly appreciate the service for it helped by relieving them of nearly 20,000 injections. I would not, however, wish to over-stress the help of the nurse to the family doctor for he is of equal help to the nurse, indeed the co-operation between them is becoming a model of the co-operation which should exist between members of the medical and nursing professions.

The great volume of work which home nurses now have to deal with and the tendency for the amount to increase each year, emphasises the necessity for team-work and mobility about which I wrote last year. The volume of work, however, is fast becoming too much for the present nurses to manage and steps have been taken to increase their numbers this year.

Home Helps.

The divisional establishment of Home Helps has increased over the years from 13 whole-time home helps or their equivalent in part-time workers to 34 and, by and large, though the strictest economy was necessary, the number about sufficed last year. Each week 240 households, on average, received domestic assistance which, with the permitted establishment, allowed of only 6—7 hours per week to each household with the exception of maternity cases. The amount of help each household received was obviously small, but at least all the applicants received some help and none in need was refused. Again the aged and infirm received the most benefit from the scheme for approximately 90% of the available home help hours went to them. As I have stated in a previous report it is not easy to administer a service which caters in the main for the aged, for the infirmities of old age are progressive, however slowly, and the need for help in the aged increases as time goes by. At the beginning of the year there were 196 aged people in receipt of domestic assistance of whom 151 were still receiving assistance at the end of the year. At the beginning of 1955 there were 249 aged people receiving assistance and it is obvious that difficulties must arise in finding help for the new applicants. Indeed, the only way is by exercising the strictest economy with the pruning of hours wherever possible. As is to be expected it is in the winter months when the need for home help is greatest and it was during these winter months that it was most difficult to satisfy the demands.

The aged have, for some years now, received the lion's share of the home help scheme and perhaps it is right they should for their need is the greatest but it would be a pity, if in catering for the aged, the scheme should neglect the rest of the community. I think the financial arrangements often discourage the sick, apart from the aged sick, from seeking assistance even though, at first sight, the allowances against payment in the County Council scale seem generous. Unfortunately, the scale is not generous when only a few hours per week are allowed and the policy adopted in the division of spreading the "butter thinly over the bread" to cater for the maximum number automatically restricts the number of the home help hours allowed to each household.

In consequence some deserving households derive no financial benefit from the scheme, and for this reason I would like a change in the scheme so that the scale of charges bears a more direct relationship to the number of home help hours provided.

Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service.

Two infant welfare centres serve the district, one of which is situate at the Wombwell Public Library where weekly sessions are held on Tuesday afternoons and the other at the Welfare Hall, Jump, where weekly sessions are held on Monday afternoons.

At the Wombwell Centre, where 48 sessions were held, 478 children made 4,450 attendances, an average of 92.7 per session. 213 children were seen for the first time, 207 of whom were under one year of age. 1,557 examinations were made by the doctor in the year, an average of 32.4 per session.

At the Jump Centre, where 45 sessions were held, 160 children made 1,198 attendances, an average of 26.6 per session. 68 children were seen for the first time all of whom were under one year of age. 681 examinations were made by the doctor in the year, an average of 15.1 per session.

The ante-natal clinic is situate in the Public Library, Wombwell, and morning and afternoon sessions are held each Thursday. 104 sessions were held during the year at which 182 patients made 747 attendances. In addition 24 patients attended for post-natal examination. There were 194 attendances at the ante-natal relaxation classes conducted by the midwives.

The sheet anchor of the child welfare service has always been the Health Visitors and her important role in the service has long been recognised and appreciated by the public. The "clinic nurse", as she is often popularly called, has ever been

a source of strength to mothers and will always be so in the future. But the duties of the health visitor have widened in recent years and her work now is with the family as a whole and not just with the younger members. The family is, obviously, the correct unit in which the health services should be based and the health visitor has a part to play in the wider scheme. She has given much help and has spent a great deal of time in the past few years with the aged and is gaining from them the same respect and affection she has gained from the younger mothers and children. If the family is the ideal unit on which the health services should be based then all who work to preserve the health of the family must work together as a team. The co-operation of doctor and health visitor, I believe, is important for their work in prevention, if not in treatment, has similar points of interest and each has much to gain from the other. I hope that this co-operation between doctor and health visitor will steadily grow for the benefit of the community they equally serve.

The attendances at the ante-natal clinics were again smaller, undoubtedly due to the greater use by expectant mothers of the hospital and family doctor services. In this the expectant mothers exercised their unquestioned right to choose from whom they received their ante-natal care for the right to choose one's doctor has always been an inherent feature of British medicine. What is important is that no matter from which source they choose, expectant mothers do accept ante-natal care and appreciate its significance. Interest in the relaxation classes was maintained and many mothers derived benefit from the health instructions given by the midwives.

Premature Babies.

20 babies were born prematurely last year, 6 of whom were born at home and 14 in hospital. Of the 6 born at home all were nursed entirely at home and all survived. Of the 14 premature babies born in hospital 12 survived.

Home Visiting.

First visits were paid by the Health Visitor to 277 infants. The number of re-visits to infants and toddlers was 1,548 and 2,782 respectively. 1,079 visits of a miscellaneous nature were also made, the majority of which were connected with the welfare of the aged and with the home help scheme. The total of home visits made by the Health Visitors last year was 5,686.

In November, 1954, Miss E. Barlow, the Senior Health Visitor, resigned her appointment on reaching the age of retirement. Miss Barlow served the district well for ten years and had gained the respect and affection from the many mothers and children with whom she had come in contact. I would acknowledge my own personal debt to Miss Barlow for the help she gave me, particularly in the early days of the divisional medical scheme, in the organisation and integration of the divisional nursing services. All who know her will, I am sure, join with me in wishing her long years of health and happiness in her retirement.

Ultra-Violet Light Clinics.

Two sessions are held weekly, on Mondays and Fridays, with a break during the summer months. During 1954, 66 sessions were held and 257 attendances were made. Children of all ages, from outlying districts as well as from Wombwell, attended the clinic and the treatment of each child was under the direction of a medical officer throughout the whole course of treatment.

Mental Health Service.

The Mental Health Social Workers and the Home Teachers last year served well the parents and guardians of the mentally defective persons in the division and were also of help to those recently discharged from mental hospital where after-care was sought or was recommended by the hospital psychiatrists.

There are 179 mental defectives in the division who are under supervision of one form or other, viz. :

	Under 16		Over 16	
	Males	Females	Males	Females
Statutory Supervision	22	23	39	44
Guardianship	—	—	1	3
Voluntary Supervision	—	—	22	25

Training of defectives is partly covered by the Barnsley Occupation Centre (11 children and 2 adults attend) and partly by a Home Teacher. The Home Teacher either gives training to groups at specified centres or individual training at home whichever is the more suitable.

Group classes are held at Wombwell — Wednesday mornings, Worsborough — Thursday mornings and Darton on Fridays.

28 children and 12 adults are awaiting admission to the Occupation Centre, either Wombwell or Barnsley, and 7 adult males are considered suitable for Industrial Centre Training.

Of the defectives in the division 72 are in gainful full-time employment and 40 are adequately employed in the home.

There are 39 males and 58 females in Institutions, who previously resided in the Division. There is no urgent case awaiting admission to an Institution but there are 3 girls and 1 boy and 5 male adults and 9 female adults on the Regional Hospital Board's waiting list for eventual admission when vacancies arise.

To ease tension in the homes, provision has been made by the Regional Hospital Board for short stay vacancies to cover illness and emergencies. Unfortunately, the demand exceeds the number of vacancies, and in the case of short stay vacancies for holidays the Hospital Board have not been able to meet all requests.

There has been an increase in the number of after-care cases visited — the Sheffield Regional Hospital Board now indicating where after-care is required, although all discharges are visited by the Social Worker to inform the patient that help is available if it is required. A good co-operation is maintained with the Psychiatric Clinic, held on a Tuesday and Wednesday at Beckett Hospital, and a West Riding Social Worker is in attendance.

SCHOOL HEALTH SERVICE.

Before giving a brief statistical summary of the work of the School Health Service in your district mention must be made of the opening of a new school for handicapped pupils and the introduction of two important changes in the divisional school health scheme.

Wombwell Day Special School.

This school for backward or educationally sub-normal children was opened in February in premises previously used as an Open Air School for delicate children. The educational needs of backward children cannot always be met in an ordinary school especially with the large classes which are nowadays so common. At the same time it is not an easy thing for parents to accept readily the idea that their child is backward and needs education in a special school and it was a welcome surprise to find the school so quickly accepted by parents. The school has certainly made a very good start and, with the correct usage, it should in time fill a long felt need in our educational system and satisfy the peculiar individual needs of the backward child.

Tuberculin Testing of School Entrants.

This scheme was introduced last year in part of the division and will be in operation throughout the Division by the end of 1955. The idea is to test all school entrants for tuberculin sensitivity and to examine further those who show a positive skin reaction. The test is completely painless and easy to perform and consists in putting a tiny smear of tuberculin jelly on the back and covering with adhesive plaster. Those children giving a positive reaction are referred to the Chest Physician for full examination including an X-Ray film of the chest. At the same time the family contacts are urged to accept the same full examination from the Chest Physician. The test is only made with parental consent, and in the schools which have been done so far it is gratifying to find that over 80% of the parents have accepted the scheme.

B.C.G. Vaccination.

Reference to the B.C.G. Vaccination Scheme for school leavers is made in the section of the report dealing with Tuberculosis but is repeated here because of the close association of the scheme with the scheme for the tuberculin testing of school entrants. Both are concerned with the prevention of tuberculosis in the community but each approaches the problem from a different angle. In tuberculin testing the school entrants we aim to find the positive skin reactors and from them to trace the hidden sources of infection. With the B.C.G. Vaccination Scheme we aim at protecting the individual himself rather than the community as a whole and therefore we search for the negative skin reactors. It is these children who are susceptible to Tuberculosis and by vaccination we try to protect them against the disease and particularly during the difficult years of adolescence which lie ahead of them.

The statistical summary which follows shows the results of school medical inspections made last year in your district and the attendances at the various clinics.

Routine School Medical Inspections were carried out by Dr. R. Barnes at the undermentioned schools.

Hemingfield Ellis J.M. & I. School.

Jump Council Infants School.

Barnsley Road Infants School.

Kings Road Infants School.

Park Street Junior Mixed School.

Kings Road Junior Mixed School.

John Street Junior Mixed School.

Highfields Junior Mixed & Infants School.

Jump Junior Mixed School.

Secondary Modern Girls School.

Secondary Modern Boys School.

Low Valley R.C. School.

SUMMARY OF DEFECTS FOUND.

	No. of children examined	Ocular	E.N.T.	Heart	Lungs	Orthopaedic	Others	No. Passed for Treatment
Hemingfield Ellis J. M. & I.	52	4	5	—	2	4	3	7
Jump Council Infants	43	3	1	—	—	2	5	3
Barnsley Road Infants	58	1	5	1	3	1	4	5
Kings Road Infants School	74	3	10	—	3	3	5	10
Park Street Junior Mixed	66	4	—	—	1	1	2	2
Kings Road Junior Mixed	90	3	4	—	1	2	5	4
John Street Junior Mixed	70	5	3	—	1	3	6	8
Highfields Junior Mixed & I.	106	9	12	1	3	2	6	16
Jump Junior Mixed School	57	5	1	—	—	1	5	6
Secondary Modern Girls	127	8	4	2	3	3	5	17
Secondary Modern Boys	140	12	2	—	2	4	9	18
Low Valley R. C.	62	5	3	—	—	1	2	4
	945	62	50	4	19	27	57	100

SCHOOL CLINIC.

No. of children who attended and were seen by Doctor.
Public Library, Station Road, Wombwell 270

SUN-RAY CLINIC.

No. of children attended 48
Total Attendances 257

MINOR AILMENTS CLINIC.

Wombwell.

No. of children treated by Health Visitors 93
Total Attendances 262

Jump.

No. of children treated by Health Visitors 305
Total Attendances 675

SPECIAL CLINICS.

Speech Therapy Clinics.

Mrs. P. J. Battye, L.C.S.T., Speech Therapist.

No. of individual children seen 22
Total Attendances 263

Child Guidance Clinic.

Dr. M. M. MacTaggart, M.A., B.Ed., Ph.D., Educational Psychologist.

No. of children examined 6
Total Attendances 21

SPECIALIST CLINICS.

Ophthalmic Clinics (70 sessions held in 1954).

Mr. N. L. McNeil, M.B., D.O.M.S., Ophthalmologist.

No. of children examined 431

Orthopaedic Clinic (12 sessions held in 1954).

Mr. T. L. Lawson, F.R.C.S., Orthopaedic Surgeon.

No. of children examined 13

Ear, Nose and Throat Clinics (11 sessions in 1954).

Mr. W. L. Rowe, F.R.C.S., E.N.T. Surgeon.

No. of children examined 25

Paediatric Clinic (1 clinic per month).

Dr. C. C. Harvey, M.D., M.R.C.P., Paediatrician.

No. of children examined 28

SANITARY CIRCUMSTANCES OF THE AREA.

I am indebted to Mr. C. Knowles, your Surveyor, for the following report :

Sewage Disposal.

New Scarborough Sewage Works. These works are still suffering badly from the effects of mining subsidence and the National Coal Board are still working coal under the same.

As you are no doubt aware, Consulting Engineers have been called in to make a joint report with myself on the Sewage System of the district. The estimated cost of this work is £80,000 and a local inquiry will be held in the near future. No objection has been raised by Rate Payers or Public Utility Undertakings to the scheme and it has the blessing of the River Board.

Finally, I might say that the effluent on these works is still good.

Lundhill Sewage Works.

The extensions and additions to these works last year have proved successful and I am happy to say that better results are being obtained.

In the proposed sewage scheme mentioned above, the Lundhill Road, Park Street and Wath Road district sewers will be disconnected from Lundhill and taken to New Scarborough.

Sewers.

No extensions to sewers have been carried out during the last year with the exception of the ones on the Wilson Street Estate.

The sewer at Broomhill is still causing anxiety and is steadily getting worse. We are pumping the sewerage from this sewer sometimes as much as twice a week and that is the only way we can deal with this matter.

Housing.

During the year 90 houses were completed by the Council on Wilson Street Estate, 5 houses and 6 bungalows were completed by private enterprise and 2 houses were built by British Railways.

Swimming Baths.

I am indebted to Mr. G. R. Johnson, your Baths Manager, for the following report on the swimming baths :

The returns from the various swimming establishments in the district show that Wombwell has once again maintained the usual standard of attendances throughout the season.

The total number of Bathers admitted was 81,649. Out of this total, 26,393 were schoolchildren and 1,921 evening-class pupils, all of whom received instruction in swimming and life-saving.

There is however a steady decline in the number of slipper bathers admitted, due no doubt to the erection of pit-head baths, and the fact that all the new houses have baths installed.

Frequent samples of the swimming bath water were taken for analysis during the season all of which showed a high standard of bacterial purity. This is maintained by the constant circulation of the water through three filters followed by treatment with chlorine.

A complete turnover of the swimming bath water is obtained in a period of less than three hours.

GENERAL EPIDEMIOLOGY.

Notifiable Diseases (other than Tuberculosis).

	Total Cases Notified	Admitted to Hospital	Deaths
Measles	66	1	—
Whooping Cough	159	13	2
Scarlet Fever	16	13	—
Puerperal Pyrexia	5	2	—
Pneumonia	19	5	4
Anterior Poliomyelitis :			
Paralytic	1	1	—
Non-Paralytic	1	1	—
Erysipelas	2	—	—
Meningococcal Infection	2	2	—
Food Poisoning	5	2	—
Dysentery	3	2	—
Diphtheria	1	1	—

Distribution in the Wards.

	S.E.	S.W.	C.	N.	H.	Total
Measles	5	9	40	8	4	66
Whooping Cough	12	82	28	13	24	159
Erysipelas	—	—	—	1	1	2
Scarlet Fever	2	9	2	—	3	16
Pneumonia	1	4	1	—	13	19
Meningococcal Infections	—	—	1	—	1	2
Acute Anterior Poliomyelitis :						
Paralytic	—	—	—	—	1	1
Non-Paralytic	—	—	—	—	1	1
Puerperal Pyrexia	—	1	1	—	3	5
Dysentery	1	1	1	—	—	3
Food Poisoning	—	2	2	—	1	5
Diphtheria	—	1	—	—	—	1

NOTIFICATIONS OF INFECTIOUS DISEASES IN WOMBWELL.

YEAR	Scarlet Fever	Diphtheria	Enteric Fever	Food Poisoning	Erysipelas	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other Tuberculous Diseases	Smallpox	Meningococcal Infections	Acute Poliomyelitis Paralytic	Acute Poliomyelitis Non-Paralytic	Acute Polioencephalitis Infective	Acute Polioencephalitis Post Infectious	Whooping Cough	Measles	Dysentery
1945	41	13	—	—	7	1	18	—	18	2	—	—	—	—	—	—	104	424	—
1946	26	—	—	—	5	2	13	1	26	6	—	1	—	—	—	—	24	2	—
1947	51	—	—	—	13	1	19	—	19	2	—	1	2	—	—	—	75	158	—
1948	69	12	—	—	6	4	17	—	20	7	—	4	1	—	—	—	92	754	2
1949	30	—	—	—	5	5	32	—	24	5	—	2	1	—	1	—	43	66	—
1950	19	—	1	1	10	2	16	—	27	8	—	1	1	—	—	—	139	367	24
1951	17	—	—	4	7	5	17	—	33	3	—	1	1	2	—	—	134	220	13
1952	12	—	—	4	2	2	16	1	23	5	—	2	3	1	—	—	131	187	3
1953	65	—	—	3	—	1	15	—	21	5	—	1	3	—	1	—	27	469	12
1954	16	1	—	5	2	5	19	—	14	3	—	2	1	1	—	—	159	66	3

INFECTIOUS DISEASES (Age Groups)

	Under 1	1—3	3—5	5—10	10—15	15—25	25—45	45—65	65 and over	Age unknown
Scarlet Fever	—	1	3	10	2	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	2	3	—	—	—
Pneumonia	—	4	—	3	2	2	2	3	3	—
Acute Anterior Poliomyelitis (Paralytic)	—	—	—	1	—	—	—	—	—	—
Acute Anterior Poliomyelitis (Non-Paralytic)	—	—	1	—	—	—	—	—	—	—
Meningococcal Infections	—	—	2	—	—	—	—	—	—	—
Enteric Fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	1	1	—	—
Food Poisoning	1	1	—	2	—	—	1	—	—	—
Measles	2	16	19	29	—	—	—	—	—	—
Whooping Cough	15	42	43	55	2	1	1	—	—	—
Dysentery	—	—	1	—	—	—	1	1	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—
Acute Polioencephalitis Infective	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	1	—	—	—	—	—	—

Smallpox and Diphtheria Prophylaxis.

In my two previous Annual Reports I have written about Smallpox and Diphtheria under the one heading of prophylaxis. I propose once again to concentrate on prophylaxis with the hope that the one case of diphtheria which occurred last year will give added emphasis to my remarks.

Smallpox is a rare visitor to this country which is fortunate as vaccination, save in an actual emergency, is and has been for many years, an unpopular measure. It is indeed difficult to convince parents of the need to have their babies vaccinated and perhaps to have vaccinated 79 babies last year, or about 24% of the infant population, might be considered to be something of an achievement. Whether we consider it an achievement or not ideally the percentage is too low for complacency for it leaves too many of the population unprotected and presumably susceptible to the disease. We must not be deterred by the difficulties in getting parents to accept infant vaccination but continue with our efforts and work for further progress, however slow.

The diphtheria immunisation statistics last year showed little change and indeed there has been little change in the statistics for the past few years. The 1954 figures showed that 68.5% of all children between the ages of 0—14 years were immunised with 37.5% of the children in the age group 0—4 years and 83.1% of the children in the age group 5—14 years protected. The disparity between the two age groups, which for years has shown relatively little alteration, remains. I have made many observations in the past on this point and there is perhaps little I can add now. Out of sight is often out of mind and diphtheria is becoming rather a fading memory with most people. Perhaps the one case last year will jog the memory and give a little impetus to our immunisation campaign.

Scarlet Fever.

16 cases of Scarlet Fever were notified last year as compared with 65 in 1953 and 17 in 1952. The disease was again mild in character and free from untoward complications.

Measles.

Last year only 66 cases of Measles were reported as against 469 in 1953. The incidence was highest in the 3rd and 4th quarters of the year but never assumed epidemic proportions. In character the illness was mild and free from complications with only one child requiring treatment in hospital.

Whooping Cough.

The incidence of Whooping Cough was increased last year when 159 cases were notified as compared with 27 in 1953 and 131 in 1952. The incidence was highest in the 2nd and 3rd quarter of the year and reached moderate epidemic proportions at its peak. As far as is known none of the children who contracted the disease had been immunised previously. Immunisation against Whooping Cough is becoming a more popular preventive measure each year and last year 155 children, the large majority infants, were protected. 80% of the children were immunised at the welfare clinics. I have no doubt immunisation against Whooping Cough is an effective measure though its effectiveness in each individual child might not yet match that of Diphtheria. Whooping Cough will not be eradicated until the level of protection is much higher than it is at present and until the number of children immunised has reached more nearly the proportions of those protected against Diphtheria. There is one point of difference between the two immunity states which it is important to recognise and that is Whooping Cough commonly affects children at an earlier age than diphtheria so that a high level of immunity in the younger age group is essential. The outlook however is bright and the elimination of the disease can be expected in the not too distant future.

Poliomyelitis.

Two children, who were brothers, contracted Poliomyelitis last year. The younger child was never at any time in his illness affected by paralysis and happily the paralysis of the older boy completely resolved in hospital.

Food Poisoning.

Five cases of food poisoning were confirmed last year with two cases in one family. The causal organism, isolated in all instances, was the common *Salmonella Typhi-Murium*.

The five confirmed cases certainly do not fully represent the total incidence of food poisoning in the district for many more cases must have occurred which either were not confirmed bacteriologically or whose symptoms were so mild that medical advice was not sought. I have emphasised previously that food poisoning is but one facet of food hygiene and the more attention that is given to food hygiene the less attention we will need to give to food poisoning. I would draw your attention to the section on food hygiene in the Chief Sanitary Inspector's report for this routine work, while unspectacular, is extremely valuable. We cannot substantiate by facts and figures how many cases of food poisoning we prevent by strict

food hygiene, but the number must be considerable. The food handlers and shop-keepers as a body have responded well to our appeals for better food hygiene. They recognise, as indeed they should, that strict food hygiene discipline is not only important in their own interests but an obligation they owe to their customers. In the last resort, as the Chief Sanitary Inspector has argued, the standard of food hygiene in the district depends on the standard demanded by the public. It is axiomatic in business that the customer is always right and it is for the customer to decide whether they prefer food hygiene or its unholy offspring, food poisoning.

Tuberculosis.

There were 14 new cases of Pulmonary Tuberculosis and three new cases of Non-Pulmonary Tuberculosis notified last year as compared with 21 and 5 respectively in 1953. The number of deaths from Tuberculosis was fewer than for 1953 with 5 deaths from Pulmonary Tuberculosis and none from Non-Pulmonary Tuberculosis. The death rate from all forms of Tuberculosis was 0.27 per 1,000 estimated population as compared with 0.32 per 1,000 estimated population in 1953 and with 0.18 per 1,000 estimated population for England and Wales.

Comments on Tuberculosis statistics as they occur year by year in a small urban district must be restrained for comparisons of yearly figures can be misleading. It is far more important to consider the general trend over the years and the statistics do show that Tuberculosis is declining both in its incidence and its mortality. We must continue to do all we can to hasten the rate of decline and preparations were made last year for the introduction among children of school-leaving age of a very important preventive measure.

For some years B.C.G. Vaccination of child contacts of open cases of Pulmonary Tuberculosis has been practised with an ever-growing percentage of parents accepting this vital precautionary measure. Towards the end of last year arrangements were completed to extend the scheme to all children of the 13 years age group irrespective of previous Tuberculosis contact. The 13 years age group was chosen because it allows of a full year's supervision before the child leaves school. It is intended to make B.C.G. Vaccination an annual event to ensure that all school leavers are protected against Tuberculosis during the difficult adolescent years which lie ahead. The response by parents to the vaccination has been most encouraging and I feel an excellent scheme has been successfully launched. The beneficial results from the scheme will be proved, I am certain, in the years to come.

I would thank the Council for the material help given in the re-housing of infectious patients where re-housing was indicated as a preventive measure.

TUBERCULOSIS—Record of Cases during 1954.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January	79	58	15	9
No. of cases notified for first time during year	5	4	1	2
No. of cases restored to register	—	—	—	—
No. of cases added to register otherwise than by notification	5	—	—	—
No. removed to other districts	3	2	1	—
No. cured or otherwise removed from register	6	4	2	1
No. died from disease	4	1	—	—
No. died from other causes	1	—	—	—
Total at end of 1954	75	55	13	10

TUBERCULOSIS—New Cases and Mortality in 1954.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—
5	—	1	7	1	—	—	—	—
10	—	—	—	1	—	—	—	—
15	—	—	—	—	—	—	—	—
20	1	2	—	—	—	—	—	—
25	3	—	—	—	—	1	—	—
35	2	—	—	—	—	—	—	—
45	4	—	—	—	3	—	—	—
65 and up	—	1	—	—	1	—	—	—
TOTALS	10	4	1	2	4	1	—	—

TUBERCULOSIS—New Cases and Mortality for the past 10 years.

YEAR	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1945	18	2	7	3
1946	26	6	9	1
1947	19	2	8	3
1948	20	7	13	1
1949	24	5	7	—
1950	27	8	6	1
1951	33	3	3	—
1952	23	5	6	2
1953	21	5	6	—
1954	14	3	5	—

Sanitary Inspector's Office,
Town Hall,
BARNSELEY.

**To the Chairman and Members of the Wombwell Urban
District Council.**

Mr. Chairman, Mrs. Mellor and Gentlemen,

It is a privilege to present to you my Annual Report on the Sanitary Circumstances of the District for the year 1954. This is my Fourth Annual Report and I would like to thank the Chairman and Members of the Public Health Committee for their continued confidence and backing, the Medical Officer of Health for his help and advice, the Heads of Other Departments for their co-operation and the Additional Sanitary Inspector and the Clerks in my Department for their continued loyalty and efficiency.

It will be seen in the main body of the report that the accent has been placed on Housing, Food, Atmospheric Pollution and Public Cleansing. All these matters profoundly affect all members of a mining community such as that in this Urban District.

1954 was again a very busy year and whilst it is not possible through the medium of statistics to cover all the work carried out in the Department an attempt has been made to fill in the gaps in the narrative portion of the report.

Housing.

During the year 104 new houses were erected in your district, 90 by the Council and 14 by private enterprise. This brings the total of houses built by the Council since the recommencement of building following the war to 752. In proportion to the size of the district and the number of occupied houses this will be regarded as reasonably good progress and credit is due to all those who have been instrumental in achieving such results.

During the period referred to in the preceding paragraph. the Council's every effort has been devoted to securing the provision of additional housing accommodation, it being well known that large numbers of people were living in lodgings, in many cases deplorably overcrowded. Long waiting lists of people in urgent need of a house made discouraging reading when I thought of the rapidly increasing urgency of rehousing

those living in what I have chosen to call “aged and infirm houses” in the past. The sub-standard type of house which, as a result of neglect during the war years, was sadly in need of replacement has since suffered with eight years of further deterioration. The need for action in these cases was imperative.

During the year the waiting time required for an applicant in lodgings was quickly becoming less. It was felt therefore that the time was ripe for consideration to be given to the question of a redistribution of new houses under the headings of applicants in lodgings and those in overcrowded conditions. It was thought further that, despite the reluctance of the Ministry to permit an increase in the number of traditional type houses being built by the Council, some allocation of new houses be made for the purpose of rehousing those living in worn out and sub-standard dwellings. From the Public Health point of view the question of eliminating this type of dwelling and relieving the mental and physical suffering of persons living in them has become top priority.

In writing this, however, sight has not been lost of the demands of those living in lodgings and in overcrowded conditions. The fact that these lists remain substantial is sufficient indication that continued provision must be made for rehousing people in these categories.

The problem of providing sufficient houses for all needs is tremendous and the only solution would appear to be to step up considerably the number of new dwellings being erected.

During the year the 90 newly erected Council Houses and a number of re-lets on the other housing estates were utilised as follows :—

(1)	Alleviation of overcrowding.	
(a)	Single families	26
(b)	Two or more families in house	76
(2)	Rehousing from unfit houses	1
(3)	Cases of Sickness and Disability	4

House Letting and Overcrowding.

The system of house letting as it affects my Department has continued unchanged. The Housing Committee allocated 20% of the newly erected houses for the purpose of alleviating overcrowding in single families. The term “overcrowding” has a statutory meaning, being defined in the Housing Act, but it has long been recognised that the standards set for

overcrowding are ridiculous in the extreme. In formulating a standard for overcrowding only bedroom accommodation should be considered. There are many families with a grown-up boy and girl whose need for three bedrooms is probably more urgent than a family with a much larger number of children. The potential moral danger to such a boy and girl is very real and must be given serious consideration when assessing housing needs.

The Housing Committee has also been very ready to give a sympathetic hearing to the claims for re-housing of cases concerning persons suffering from Tuberculosis. There is little doubt that improved housing has a profound effect on such cases.

Regular consultation with the Collector has once again achieved good results in certain cases of house letting. Every effort is made to utilise the available housing accommodation to the maximum. To this end a number of exchanges have once again been arranged.

Unfit Houses and Demolition.

Negotiations were commenced in the early part of the year to secure the clearance of an area in the centre of the town comprising 37 houses. This is the oldest part of the town and includes 10 back-to-back houses. With two exceptions they are in an advanced stage of decay and the conditions in many of them were deplorable. The owners, on being approached informally were agreeable eventually to the area being purchased by the Council and before the end of the year three of the houses were empty, one of the tenants being rehoused by the Council.

The proposed rate at which re-housing is to take place, however, is discouragingly slow and I would ask that serious consideration be given to quickening up the rate at which these houses can be cleared and demolished.

It was interesting to note that your Slum Clearance programme had in effect commenced before the passing of the new Housing Repairs and Rents Act, 1954. This Act came into operation in August, 1954 and required, amongst other things, the submission by Local Authorities to the Minister of their proposals for Slum Clearance. The Council is required to indicate what number of houses they propose to include in the programme, how many will be dealt with in the first five years and the length of time which will be required to complete the programme.

I would suggest that the first thing to do in formulating such plans is to forget the meaning which has become popularly attached to the word "slum". The meaning, taken from a reputable dictionary is "a low dirty street or district in a large city occupied by a vagabond class". We should think rather of houses which are old, worn out, dilapidated, lacking good ventilation and lighting and without those amenities which have come to be regarded as essential, viz. a bath, hot and cold water, electric lighting and power, etc. Many of these houses are kept scrupulously clean and are occupied by very respectable people.

The removal of such houses will afford a welcome opportunity of re-planning certain areas within the township. The length of time which would probably be required to deal completely with the problem would be considerable, however, and certain houses which would appear to be border-line cases at the present time would have to be included in the programme in say 15 or 20 years time.

HOUSING ACT, 1949. SECTION 20.
HOUSING REPAIRS AND RENTS ACT, 1954.

(a) Improvement Grants.

In previous reports I have deplored the small number of applicants for Improvement Grants and I have suggested that this was the result of the conditions being insufficiently attractive. In the early part of the year certain of these conditions were relaxed and this process of relaxation was carried still further in the Housing Repairs and Rents Act. The new provisions were given some publicity by the B.B.C. and the newspapers and many enquiries were dealt with before the end of the year.

All the inquiries were made by owner/occupiers, however, and this, I am quite certain, is not what was envisaged when the scheme was first promulgated. The principal intention was to assist in the national housing programme by preventing essentially sound houses falling into decay. It was hoped that property owners would take advantage of these provisions by proposing schemes for the improvement of blocks of dwelling houses. In this way a reduction in the demand for new houses would quickly become apparent.

One applicant received an Improvement Grant during the year, as follows :—

Premises.	Amount of Grant.
No. 159, Barnsley Road, WOMBWELL.	£76.

(b) **Certificates of Disrepair.**

The Housing Repairs and Rents Act permitted rent increases provided (a) the house is in a good state of repair and (b) a specified amount has been expended on repairs within a given period. An owner is required to give six weeks notice of intention to increase the rent. The tenant may challenge the landlord's statement of expenditure by applying to the County Court. If the tenant is not satisfied that the house is in a good state of repair he may make application to the Local Authority for a Certificate of Disrepair. A Landlord may challenge the validity of such a Certificate but during the period when it is operative no rent increase is permitted. When such defects and disrepair as are specified in the Certificate have been remedied the Landlord may make application to the Local Authority for its revocation.

31 applications for Certificates had been received before the end of the year.

Housing Repairs.

A great deal of time was once again devoted to securing the repair and improvement of existing houses. It is quite obvious that this part of the work will continue to be of paramount importance for some time to come since the demand for new and better housing accommodation is at present far greater than the supply.

Considerable difficulty has been experienced for several years in securing repairs and renewals in privately owned houses due, argued landlords, to the fact that whilst building costs have increased greatly rents have remained stationary. There was probably some justification for this argument in some cases. This difficulty has been a national one and eventually the Government felt constrained to take some action to meet the situation. The Housing Repairs and Rents Act, 1954 was introduced and was referred to earlier in this report.

It is hoped that this opportunity which has been provided for property owners to raise rents will produce a less reluctant attitude to the carrying out of much needed repairs and renewals. Such an improvement had already occurred before the end of the year in a few cases but until the new provisions of the Act have been in operation for some time one cannot say with any degree of certainty whether the Act has failed or succeeded. It will perhaps be possible in a subsequent report to make comments on this question.

There was again delay in the execution of repairs and maintenance works due largely to the inability of Contractors engaged on repair works to cope with the number of orders received.

Progress in securing the carrying out of works was fairly satisfactory. 600 Informal Notices were served and of these 511 or 85% were complied with. Those remaining would be carried forward and dealt with in 1955. A detailed analysis of repairs and renewals carried out as the result of action taken in the Department is shown later in this report.

Damage by Mining Subsidence.

Damage by mining subsidence to all types of property including dwelling houses is a necessary evil especially when seams are being worked which are relatively very close to the surface. A close liaison is maintained with the Land and Mineral Officers of the National Coal Board in all three of the Areas concerned in this district and in this way necessary works of repair and renewal are carried out with the least possible delay. Tenants are frequently unable to appreciate that much of the damage arising from movement attributable to mining operations cannot be made good immediately. It is necessary for movement to cease before repair works can be effectively carried out. Property so affected is kept under constant surveillance in order that action might be taken should any danger arise.

Areas which are affected are Littlefield Lane, Hough Lane, Milton Street, Gower Street, Wombwell Main, Broomhill, Station Road, Barnsley Road and Aldham Cottages, and Garden Grove and Cemetery Road, Hemingfield.

HOUSING STATISTICS.

Number of dwelling houses in the District	5670
Number of back-to-back houses included in above	11

1. Inspection of Dwelling houses during the Year.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	1031
(b) Number of Inspections made for the purpose	2510
(2) (a) Number of dwelling houses (included under sub-head (1) above), which were inspected and recorded under the Housing Consolidated Regulations	Nil.
(b) Number of Inspections made for the purpose	Nil.

(3) Number of dwelling houses needing further action :	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation	50
(b) Number (excluding those in sub-head (3)(a) above), found not to be in all respects reasonably fit for human habitation	958
2. Remedy of Defects during the Year without Service of Formal Notices.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	927
3. Action under Statutory Powers during the year.	
A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936 :	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	Nil.
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	Nil.
(b) By Local Authority in default of owners	Nil.
B. Proceedings under Public Health Acts.	
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	132
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	91
(b) By Local Authority in default of owners	14
C. Proceedings under Section 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc., made in respect of dwelling houses unfit for habitation	Nil.
(2) Number of dwelling houses in respect of which Demolition Orders were made	Nil.
(3) Number of dwelling houses demolished in pursuance of Demolition Orders	Nil.
(4) Any action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953. If so, what ?	Nil.

D. Proceedings under Section 12 of the Housing Act, 1936.

- | | |
|---|------|
| (1) Number of separate tenements or under-ground rooms, in respect of which Closing Orders were made | Nil. |
| (2) Number of separate tenements or under-ground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit | Nil. |

4. Housing Act, 1936 — Part IV — Overcrowding.

- | | |
|--|------|
| (a) (1) Number of dwellings overcrowded at the end of the year | 431 |
| (2) Number of families dwelling therein | 726 |
| (3) Number of persons dwelling therein | 2206 |
| (b) Number of new cases of overcrowding reported during the year | 110 |
| (c) (1) Number of cases of overcrowding relieved during the year | 102 |
| (2) Number of persons concerned in such cases | 384 |

New Houses.

- | | |
|---|----|
| 5. Number of new houses provided during the year :— | |
| By Local Authority—Permanent type | 90 |
| Temporary type | — |
| By Private Enterprise | 14 |

6. Housing Act, 1949.

Any action in connection with :—

- | | |
|---|---|
| (a) Section 4—Advances for purpose of increasing housing accommodation ? | — |
| (b) Section 20—Grants to persons other than local authorities for improvements of housing accommodation ? | |

A grant was made in one case.

Remarks. Two houses were closed as a result of Informal Action, the occupants of one being rehoused by the Council.

Milk Supply.

Since the Urban District was designated a Specified Area under the Milk (Special Designations) (Specified Areas) Order, 1953, all the milk retailed within the district has been bottled and sold under Special Designation. This complete elimination of the once familiar horse drawn milk float with open cans and milk measures of doubtful cleanliness was a tremendous step towards the goal of a safe, clean milk supply. The introduction of pasteurisation throughout the country has assisted largely in securing this improvement but, unfortunately, the human element plays a large part in the pasteurising process. Despite the greatest vigilance and the introduction of strict checking systems there is always the possibility of dirty bottles being sent away from the Dairy, or for foreign matter to enter the bottles. Until some way of eliminating the human element completely can be introduced this possibility remains.

On the question of dirty milk bottles, however, the members of the public can play a significant part. If they would rinse out with cold water every milk bottle as soon as the milk is poured out all such bottles would be received back at the Dairy in clean condition. However, this is done only in a small proportion of cases and in many other instances bottles are subjected to what amounts to abuse. They are used as flower vases, ink bottles, as containers for paraffin, oil and many other liquids not normally associated with foodstuffs, or are left exposed to the elements for excessively long periods during which they become unbelievably dirty. It is necessary in all such cases for the bottles to be smashed.

The special designation "Accredited" which was the equivalent of "Grade A" under earlier legislation has now gone out of use. At three farms in your area where milk was produced under an "Accredited" licence the milk is now ungraded and is sent for pasteurisation. At five of the largest farms Tuberculin Tested milk is produced but only in two cases is it retailed in your area. The milk consumed in the area, therefore, continues to be of a high quality.

Regular supervision of milk distribution was once again a feature of the Department's activities and contact is maintained with the suppliers in order that improvements may be effected where necessary. To this end samples of milk were procured for the routine Methylene Blue and Phosphatase Reduction Tests and all milk sold in the raw state was, in addition, tested at least quarterly, for the presence of the Tubercle Bacillus.

There are altogether 39 Retail Milk Sellers registered whose premises are inspected at regular intervals.

173 samples of milk were taken and despatched to the Public Health Laboratory Service at Wakefield. The staff of the Laboratory are always extremely helpful and a high value is placed on their services. The results of the tests carried out are given below.

Samples of Milk taken for Examination during 1954.

Type of Milk	TYPE OF TEST AND RESULT					
	Methylene Blue		Phosphatase		Presence of Tuberculosis	
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Negative	Positive
Ungraded	39	5	—	—	25	—
Accredited	6	1	—	—	3	—
Tuberculin Tested	33	—	—	—	12	—
Pasteurised	12	—	12	—	—	—
T.T. Pasteurised	7	—	7	—	—	—

In cases where unsatisfactory reports were received from the Laboratory action was taken with the Area Milk Officer and the necessary improvement secured.

In addition 2 samples of sterilised milk were obtained and the Laboratory report upon the Turbidity Tests carried out were good.

Distribution of Milk.

At the end of the year there were on the register 39 Distributors of Milk, 31 of these in general shops. The following licences were granted under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Dealer's Licence authorising the use of the Special Designation "Tuberculin Tested"	3
Dealer's Licence authorising the use of the Special Designation "Tuberculin Tested (Pasteurised)"	1
Dealer's Licence authorising the use of the Special Designation "Pasteurised"	4
Dealer's Licence authorising the use of the Special Designation "Sterilised"	33
Supplementary Licence authorising the use of the Special Designation "Pasteurised"	2
Supplementary Licence authorising the use of the Special Designation "Sterilised"	1

Slaughterhouses.

It was announced early in the year that the responsibility for securing the provision of adequate slaughtering facilities would rest with the Local Authorities with effect from 1st July. It was indicated, however, that the policy of moderate concentration in relation to the slaughter of animals for food must be reverted to at the earliest possible time.

After meetings with adjoining Local Authorities it was accepted that the existing facilities at the Barnsley Abattoir were not capable of meeting the requirements of the area but that extensions to be commenced immediately would increase slaughtering, dressing and hanging accommodation to such an extent that the needs of Barnsley and the adjoining Urban Districts would be met.

It was decided by the Council, therefore, to grant a limited number of slaughterhouse licences but it was made clear that these licences were temporary. It was felt that it was a retro-grade step to recommence slaughtering animals in private slaughterhouses. In all cases they were in close proximity to inhabited houses and in three cases the buildings and surrounding area were unhygienic. Licence holders were requested to provide an adequate supply of hot and cold water and to maintain a high standard of cleanliness in the slaughterhouses but no demands were made for improvements.

Meat Supply.

During the first six months of the year all fresh meat for this Area was slaughtered at Barnsley Abattoir under the Government's Centralised Slaughtering Scheme. From the abattoir the meat was delivered direct to the retailers in covered vans. These vans were metal-lined and incorporated hanging facilities but a constant watch had to be maintained in order to ascertain that the meat was being handled with reasonable care.

With effect from July a large part of the meat supply for the district was derived from animals slaughtered in the private slaughterhouses. Six butchers continued to obtain their meat supply from sources outside the town.

Every effort was made to ensure that all animals slaughtered in the town were inspected and although this entailed attendance at the slaughterhouses on evenings, Saturday evening and Sundays, every animal, the slaughter of which had been notified, was inspected.

The following tables give details of food animals inspected together with the meat and offal condemned.

Animals slaughtered at each Slaughterhouse.

Slaughterhouse	Cows	Heifers	Bullocks	Calves	Pigs	Sheep
No. 1	39	4	8	—	—	11
No. 2	36	46	4	—	8	58
No. 3	144	31	2	5	248	299
No. 4	—	—	—	—	300	—
Totals	219	81	14	5	556	368

List of Meat and Offal Condemned at Slaughterhouses.

BEASTS.		
Meat or Offal	Disease	No. Condemned
Heads and Tongues	Tuberculosis	25
Lungs	Tuberculosis	51
Livers	Tuberculosis	12
Mesenteric Fats	Tuberculosis	14
Livers	Flukes	21
Part Livers	Flukes	29
Livers	Angioma	5
Livers	Cirrhosis	2
Livers	Abscesses	18
Lungs	Abscesses	1
Udders	Abscesses	2
Udders	Mastitis	8
Fats, Udder & Short Hind.	Actino Bacillosis	1

PIGS		
Meat or Offal	Disease	No. Condemned
Heads	Tuberculosis	6
Lungs	Tuberculosis	4
Mesenteric Fats	Tuberculosis	3
Lungs	Pneumonia	2
Liver	Cirrhosis	1
Liver	Milk Spots	1

SHEEP		
Meat or Offal	Disease	No. Condemned
Livers	Parasites (Strongyli)	6
Lungs	Parasites (Strongyli)	17
Livers	Flukes	3

The disposal of condemned meat and offal was most unsatisfactory. It was necessary to dispose of it by means of tipping along with the town's refuse. Such meat was suitably stained, collected early mornings, dumped at the bottom of the tip, covered with lime and buried with the remainder of the day's tipping. This precluded any possible nuisance and reduced the dangers involved in the disposal of condemned foods to a minimum.

Food Preparing Premises, Shops and Markets.

As much time as possible is devoted to the inspection of all types of food premises, special care being devoted to those where food is prepared. The inspections made were as follows :—

(a)	Butchers Shops	210
(b)	Grocers Shops	175
(c)	Fried Fish Shops	139
(d)	Wet Fish Shops	16
(e)	General Shops	175
(f)	Bakehouses	161
(g)	Other food preparing Places	90
(h)	Markets	217

Food Hygiene.

There was once again an appreciable improvement in food premises, but particular emphasis has been placed on methods of handling. It is felt that there is not sufficient attention paid to the handling of food and it is here that there is still room for improvement.

The lectures on Food Hygiene which were held during the two previous winters had certainly had a beneficial effect but new entrants into the trade frequently showed little or no idea of the basic principles of personal hygiene. There is little doubt that some attention to these matters in schools and in the home would be a step in the right direction. During the Clean Food Exhibition which was held during 1953, a large number of schoolchildren were shown films, conducted round the exhibits and given a short talk and, generally speaking, the children displayed real interest. I think that with the co-operation of the Education Authority such films and talks could be made a regular part of the school curriculum.

It is in the smaller shops away from the town centre where efforts have been made to secure improvements. Many of the owners of these shops attended the Food Hygiene lectures and, with subsequent encouragement, they have provided glass cases for the protection of foodstuffs, replaced inconvenient fittings with more modern, easily cleaned fittings, used plastic materials for covering working surfaces, renewed defective walls and ceilings, fitted new floors or floor covers and introduced refrigerators into their shops. This last item is probably the most significant. In the past these small shopkeepers have argued that the cost of providing a refrigerator or a refrigerated display counter was beyond their means but visits to these shops, and pointing out the dangers of wastage and food poisoning and the desirability of refrigerated storage space are slowly but surely changing this attitude. Efforts will continue to be made until all food shops are equipped with refrigerators.

Major improvements have been made at 10 shop premises and in 9 others improvements of a minor character have been carried out. In 3 canteens considerable improvements were effected and one canteen was considered totally unsatisfactory. This canteen, at a colliery, was to go out of use early in 1955. At the only restaurant in the town a great deal of work was carried out to improve the kitchen and the dining room.

There was an increase in the number of hawkers vans and in several cases genuine attempts were made to protect foodstuffs. The idea of mobile shops is gaining ground. A number of well equipped vehicles of this type made their appearance during the year. One businessman enlisted the help of this Department in designing a mobile shop. This vehicle which has been in operation for some time now is an excellent example of what can be done.

There is ample evidence to demonstrate that members of the public are appreciative of these advances which continue to be made. There still remains, however, a good deal of indifference among certain sections of the community as to the manner in which food is handled. It is true to say that the public invariably get the standard they deserve. They can achieve such a lot by demanding of food handlers a high standard, by drawing attention to any malpractice and withdrawing trade from offenders. I would appeal to the public, especially the housewives, who carry out most of the shopping, to become really critical and unafraid of voicing this criticism of any cases of dirty or careless methods observed in shops, restaurants and canteens. In this way they can help materially in ensuring that food is clean and safe and that food poisoning is reduced.

Food and Drugs Act, 1938 — Ice Cream.

There are within your district 3 premises registered for the manufacture of Ice-cream.

In addition there are 45 shops registered for the sale of pre-packed ice-cream only, which is stored in refrigerators. The wisdom of encouraging the sale of wrapped ice-cream from shops is undeniable and obviously ensures that this popular commodity is retailed in safe, clean conditions.

70 samples of ice-cream were obtained during the year and the results of the examination of these samples are shown below.

	Total Number of Samples	Provisional Grades			
		1	2	3	4
Manufacturer No. 1	6	5	1	—	—
Manufactuere No. 2	8	6	2	—	—
Manufacturer No. 3	6	6	—	—	—
Manufacturer No. 4	7	7	—	—	—
Manufacturer No. 5	7	2	2	3	—
Manufacturer No. 6	7	5	1	1	—
Manufacturer No. 7	6	5	1	—	—
Manufactuer No. 8	6	4	—	1	1
Manufacturer No. 9	6	—	—	4	2
Manufacturer No. 10	7	7	—	—	—
Manufacturer No. 11	4	4	—	—	—
Totals	70	51	7	9	3

Manufacturer No. 9 whose samples produced a number of Grade 3 and 4 results gave rise to concern. It was discovered after a thorough check had been made of his pasteurising and cooling equipment that his storage refrigerator was faulty. He was unable to replace this and voluntarily ceased the manufacture of ice-cream until such time as the necessary equipment could be obtained. He obtained his supplies from a manufacturer outside the district and undertook to carry out improvement works required at his factory.

All premises are inspected at regular intervals, close attention being paid to the condition of premises, methods of production and handling. Advice is given to persons employed in the trade wherever it is required. 142 inspections were made during the year.

Unsound Food.

Quantities of foodstuffs which were inspected and found to be unfit were disposed of according to circumstances. A detailed list of food so condemned is shown below.

	lbs.	ozs.
Bacon	49	8
Steak	23	3
Tongues	58	0 $\frac{3}{4}$
Hams	374	15 $\frac{1}{2}$
Luncheon Meat	39	8
Other Canned Meats	54	—
Canned Fish	21	15
Canned Tomatoes	178	1
Canned Vegetables	124	1
Canned Fruit	681	11 $\frac{1}{2}$
Jams	25	5
Canned Milk	45	3
Sausages	26	8
Cheese	174	11
Mixed Goods (tins and jars)	159	12
Scottish Raspberry Pulp	347	—

Water Supply.

The Dearne Valley Water Board is the water undertaking for this area and water supplied by them is of a good bacteriological standard. Samples are taken regularly in different parts of the area.

During the year a number of properties in the town were found upon investigation to have an inadequate supply. Action was taken to secure an improvement in all cases discovered, some requiring the scraping and pressure cleaning of the service but in most cases it was necessary to have larger diameter services installed. Further investigation was made at Lundhill Row and a new main installed for part of the row. The main which was not renewed was descaled and an extremely good supply of water resulted.

Of 5,670 occupied houses in the township 5,663 are on the public supply. 18,758 people occupy these 5,663 houses. The remaining 7 houses have water laid on from private supplies. In all cases, except one farmhouse, water is laid on direct to the houses.

Additional water mains were laid on to serve new houses as they were erected in the Council's Housing Estate at Wilson Street and in Lundhill Road where new houses are being erected by private enterprise.

Atmospheric Pollution.

During the year 29 smoke observations were made and smoke of such colour and density as to constitute a nuisance was emitted at Wombwell Main Colliery boiler chimney, Mitchell Main Coking Plant boiler chimney and coke ovens and Wombwell Public Baths boiler chimney.

There are at Wombwell Main Colliery three chimneys, two serving the twelve Lancashire boilers and one connected with the brick kilns. During the year constant observation was kept on all these chimneys and only in the case of one chimney was there cause for complaint. This chimney serves six hand-fired boilers and although the management agreed to change from the low grade fuel being used to "washed singles" excessive black smoke emissions continued to be seen. Close contact was maintained with the Unit Engineer who made every effort to minimise the nuisance. Work continued on the conversion to fully automatic fuel feeding and stoking and it is hoped that next year's report will be far less gloomy.

The nuisance arising at Mitchell Main Coking Plant was even more serious. Regular approaches were made to the management on the subject of black smoke being emitted from the boiler chimney which serves six hand-fired Lancashire boilers. I am more concerned however, over the regular heavy pollution arising from the coke ovens. Dense clouds of black smoke, sulphurous gases and grit arise following the "pushing" of ovens and the quenching process and when it is known that this occurs at intervals of thirty-five or forty minutes throughout the day and night it requires little imagination to visualise the extent of the pollution in this area. The coke ovens are in very close proximity to the densely populated area of Bradbury Balk Lane, Hammerton Street, Myers Street and Mitchells Main Pit Yard and the conditions in these areas are indescribable. This battery of ovens is obsolete and it is hoped that they will be dispensed with in the near future.

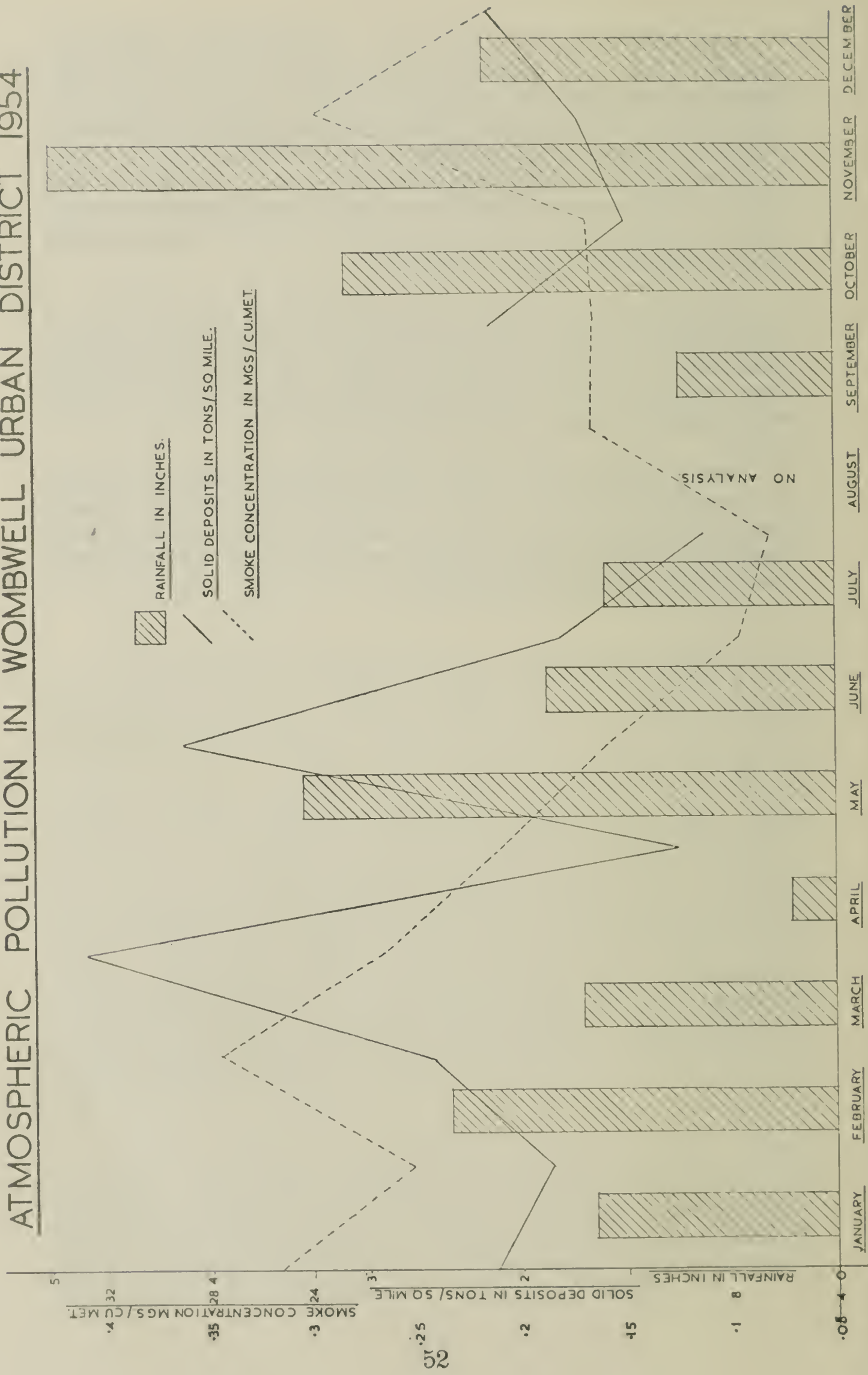
Another source of complaint was the Public Baths Chimney. The Public Baths are in the centre of the town and the boiler chimney is much too low. Although a better grade of fuel was brought into use during the year falling soot and ash were still complained of. I would suggest that consideration be given to the installation of a gas fired boiler.

I am able to report that the Colliery Spoil Banks at Mitchell Main and Wombwell Main gave no cause for complaint and throughout the year any overheating was kept under control by the use of water sprays. At Darfield Main, however, a much smaller stack near to Littlefield Lane began to show evidence of fire late in the year. After interviews with the management water was laid on to the stack and by the end of the year a start was made on controlling what had by now become a serious nuisance.

The apparatus which was set up for the measurement of atmospheric pollution had, at the end of the year, been in operation for just short of five years. It is hoped that the data recorded will be of considerable help and that certain comments and observations may be made.

Three graphs have again been prepared and are shown on the following page. It will be seen that there is no Deposit Gauge reading shown for the month of August. This was the result of the jar being broken and the contents being lost during transit to the Laboratory.

ATMOSPHERIC POLLUTION IN WOMBWELL URBAN DISTRICT 1954



Factories Act, 1937.

There are on the register 61 factories as follows :—

Factories with Mechanical Power	50
Factories without Mechanical Power	11

Included in this total number of factories there are 11 bakehouses to which 161 visits were made. 203 visits to other factories were recorded.

Informal action was taken requiring the following :—

Cleanliness (11). Sanitary Accommodation (20).

All but one of these defects had been remedied by the end of the year.

Shops Act, 1950. Section 38.

54 visits were made to shops for the purpose of this Act.

It is generally found that the premises inspected meet the requirements of this Section of the Act. 4 offences against the Act were discovered and were remedied. The defects were as follows :—

Inadequate heating (3).

Insufficient sanitary accommodation (1).

Tents, Vans and Sheds.

Two dwellings of this type which have now been on their present sites for many years were reasonably satisfactory. Four other caravans were parked on land in the district without licence and these were removed as the result of informal action. 18 inspections were made during the year.

Verminous Premises.

4 Council owned houses and 22 privately owned houses have been disinfested during the year. They were mainly light bug infestations and there would appear to be far less of this type of infestation than there used to be.

The infestation by red spider which was reported last year was finally cleared up after further monthly treatments.

Terminal Disinfection.

In certain cases of infectious disease, whether the treatment is at home or in hospital, terminal disinfection is carried out. During the year 29 houses were so disinfected.

Offensive Trades.

There are no offensive trades within your district.

Rodent Control.

Particular attention has been given to all known sources of infestation, including refuse tips, sewage works and allotments which have been regularly surveyed and treated when necessary.

All food premises, shops, canteens, etc., are inspected for evidence of infestation during the course of normal routine visits. Advice has been given on rodent proofing and other control measures. Several minor infestations of mice had been discovered in this way and successfully dealt with by the Department.

Two sewer treatments have been carried out during the year and the results have been most encouraging showing that the regular treatment of sewers in your District over the past eleven years has reduced infestation considerably.

Three of your employees have been trained in modern methods of Rodent Control and one of these men is employed as much as possible on this work. Approximately half of his time is devoted to Rodent Control.

Any complaints received have been dealt with as quickly as possible.

The following is an analysis of the work carried out during the twelve months ended 31st March, 1955.

	TYPE OF PROPERTY				
	(1) Local Authority	(2) Dwelling Housing (inc.) Council Houses	(3) All other (in- cluding Business Premises	(4) Total of Cols. 1, 2 and 3	(5) Agricultural
1. Number of properties in Local Authority's District	14	5670	319	6003	27
2. Number of Properties inspected as a result of					
(a) Notification	—	28	12	40	4
(b) Survey under the Act	14	650	24	688	18
(c) Otherwise— (e.g. when visited primarily for some other purpose).	—	—	214	214	5
3. Total inspections carried out—including re-inspections (to be completed only if figures are readily available)	155	678	1137	1970	27
4. Number of properties inspected (in Section II) which were found to be infested by:					
(a) Rats Major	—	—	—	—	—
Minor	5	121	4	130	6
(b) Mice Major	—	—	—	—	—
Minor	1	12	7	20	—
5. Number of infested properties (in Section 4) treated by the Local Authority (figures should not exceed those given at Section 4)	6	133	11	150	—
6. Total treatments carried out—inc. re-treatments (to be completed only if figures are ready available)	28	134	12	174	—
7. Number of notices served under Section 4 of the Act:					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. proofing)	—	—	—	—	—
8. Number of cases in which default action was taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
9. Legal Proceedings	—	—	—	—	—
10. Number of "Block" Control schemes carried out.	—	—	—	—	—

Public Lavatories.

No new buildings were erected during the year and there is still need for further and improved public conveniences.

Every effort is made to maintain the conveniences in a clean and efficient condition at all times but considerable difficulty is experienced in achieving this due to the gross amount of wilful damage done to equipment and fittings. Appeals to the public to safeguard public property appear to have little effect.

Closet Accommodation.

Type of Convenience	Number	Percentage
Water Closets	6832	99.38
Pail Closets	25	.36
Privy Middens	18	.26

110 W.C.s were constructed for new houses and other property and 16 additional W.C.s were provided for old property.

PUBLIC CLEANSING, 1954.

Collection.

This service is carried out entirely by the Council's own employees and four vehicles are employed. They are all special purpose, side-loading vehicles, three having a capacity of 3 tons and the other one 2 tons. All four lorries are well maintained, kept well-painted and clean and are a credit to the township.

With very little exception a weekly collection was maintained throughout the year. Extreme difficulty was experienced at times due to the shortage, or unsuitability of labour. This is obviously a great handicap which is accentuated during holiday and sickness periods. In order to ensure that the work was carried out the Council authorised the working of overtime on Saturday morning during the summer and during the week in the winter.

The staff engaged on these duties are provided with Donkey Jackets, overalls, gloves and protective barrier cream.

The weighing of refuse was continued and this makes for greater accuracy in the compilation of the following statistics.

During the year 3,147 loads of refuse were collected as follows.

Type of Vehicle	No. of Loads	No. of Tons	No. of Working Days	Daily Average Loads	Daily Average Weight Tons
No. 1 Lorry 40 cwt.	344	688	262	1.31	2.63
No. 2 Lorry 60 cwt.	963	2889	271	3.55	10.66
No. 3 Lorry 60 cwt.	839	2517	272	3.08	9.25
No. 4 Lorry 60 cwt.	1001	3003	287	3.49	10.46

It is estimated that 3,147 loads weighed 9,097 tons.

The estimated weight collected per 1,000 premises was 1,540.58 tons.

The estimated weight collected per 1,000 population was 484.39 tons.

The average estimated amount of refuse collected from each house during the year is 1 ton 10.8 cwt.

Disposal.

The whole of the town's refuse collected is disposed of by controlled tipping but unfortunately suitable covering material is at a premium.

As was reported last year all town's refuse was being tipped at Brampton Road Tip. Arrangements were made to take a further five acres adjoining the existing tip for tipping purposes. There was thus no need to raise the present tip any higher.

Scarcity of labour rendered it impossible to maintain the tip in a proper state of control. Operations were also hampered by fires, usually started maliciously at the weekends. It was necessary on several occasions to call upon the Fire Service.

Crickets and woodlice were a constant nuisance and treatment was carried out regularly in order to control and minimise the nuisance.

It was felt that tip control by mechanical means would solve all these problems.

The refuse was disposed of as follows :—

Place	Number of Loads	Percentage
Brampton Road	3145	99.93
Various	2	.07

	Collection		Disposal		Total	
	£	s. d.	£	s. d.	£	s. d.
Cost per estimated ton		14 9		2 11		17 8
Cost per 1,000 population	356	6 10	72 11 7		428	18 5
Cost per 1,000 premises	1145	17 10	233 7 9		1379	5 7
Gross Costs	8019	0 0	1408 0 0		9427	0 0
INCOME	1327	0 0	45 0 0		1372	0 0
NETT COSTS	6692	0 0	1363 0 0		8055	0 0

Cleansing Costs.

The rate required for Public Cleansing (Street Cleaning excluded) was 2s. 4.6d.

Municipal Dust Bin Scheme.

Since the Council undertook to supply refuse bins to domestic premises under Section 75(3) of the Public Health Act, 1936, 1,895 worn out bins have been replaced, 447 during the year under review.

There is little doubt that the operation of such a scheme as this is beneficial in many ways and the fact of having a good standard of refuse storage accommodation has been one of the factors in maintaining a weekly collection of domestic refuse.

Trade Refuse.

The Council has arrangements to remove trade refuse from 22 different premises. Such refuse is cleared twice weekly and when circumstances neecessitate it, butchers' and fishmongers' waste is removed more frequently.

Sanitary Inspection of District.

A total of 1,200 inspections were made to investigate nuisances and 1,849 re-visits were recorded.

600 Informal Notices were served in connection with the above and 511 were complied with. 89 relating to 89 nuisances were carried forward.

The following defects were remedied after the service of informal or formal notices, or after interview with the persons concerned.

Repairs to Houses.

Made dry—Roof	105
Made dry—Spouting	103
Made dry—Pointing or Structural Plaster	48
Damp proof course inserted	12
Plasterwork Repaired	89
Floors Repaired	37
Window Frames Repaired or renewed	46
Door Frames and Doors repaired or renewed	65
Fire ranges repaired or renewed	81
Firebacks repaired or renewed	42
Coppers reset or renewed	16
Copper firegrates renewed	18
Sinks renewed	37
Sash cords renewed	29
Chimneys repaired	38
Handrails fixed	4

Drainage.

Drains reconstructed, repaired or opened out	47
Sink waste pipes repaired or renewed	53
Inspection chamber covers renewed	14
Sink gullies renewed	27
Vent shafts provided or repaired	12
Inspection chambers constructed	9

Sanitary Accommodation.

Water Closet fittings repaired or renewed	104
Water Service pipes repaired	94
Water Closet structural repairs	28
Dust bins renewed or provided	473
Additional Sanitary Accommodation	16

Miscellaneous.

Yards paved or pavements renewed	52
Larger diameter water services installed	117
Steps repaired	4
Accumulations of refuse cleared	22
Boundary walls and screen walls re-built	7
Water services repaired	14
Verminous houses cleansed	26
Permanent ventilation provided	8
Animals kept so as to be a nuisance	27
Food Stores provided	3
Coal Stores provided	4
Taps renewed	12
Referred to other Departments :	

Water Board 27. Surveyor 34.

132 of the above matters were dealt with by statutory notices where owners or persons concerned failed within a reasonable time to abate nuisances or to execute works required.

114 of these notices were served under the Public Health Act, 1936, 44 relating to nuisances, 13 to sanitary accommodation, 18 to the provision of drainage and 31 to the paving and drainage of yards.

78 of these notices had been complied with at the end of the year. It was not necessary in any case to resort to Court action.

31 notices relating to inadequate water supply were served under the Public Health Act and Water Act, 1945. 27 had been complied with at the end of the year.

Salvage Reclamation.

The gross income derived from salvage during the year ended 31st March, 1955 was £1,308 16s. 6d. There was again a rise in the amount of materials salvaged and since the prices remained fairly steady an increase in revenue of £136 5s. 0d. was derived from this source.

The following table gives details of the articles salvaged together with the amounts received for them.

SALVAGED MATERIALS	WEIGHT				VALUE		
	Tons.	Cwts.	Qrs.	Lbs.	£	s.	d.
Waste Paper	134	15	1	—	1096	3	3
Textiles	5	5	3	2	111	15	9
Ferrous Metals	4	10	1	14	44	12	4
Non-Ferrous Metals	3	4	2	20	56	5	2
TOTALS	147	16	—	8	£1308	16	6

The salvage of waste paper was commenced by the Department in 1940. Since that time to the end of March, 1955, 1,608 tons of waste paper have been collected. The income derived from these sales amounts to £12,200.

Your obedient servant.

J. FINNEY,

Chief Sanitary Inspector and
Cleansing Superintendent.

